

**CITY OF CARLSBAD  
TRANSIENT OCCUPANCY TAX AND  
CARLSBAD TOURISM BUSINESS IMPROVEMENT DISTRICT RETURN**

NAME OF BUSINESS:
BUSINESS ADDRESS:
MAILING ADDRESS:
QUARTER ENDED: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>March 31 <input style="width: 50px;" type="text"/></span><span>June 30 <input style="width: 50px;" type="text"/></span><span>Sept 30 <input style="width: 50px;" type="text"/></span><span>Dec 31 <input style="width: 50px;" type="text"/></span></div>

1. NUMBER OF AVAILABLE ROOMS  
FOR THE MONTH OF: \_\_\_\_\_
2. NUMBER OF TRANSIENT OCCUPIED ROOMS  
FOR THE MONTH OF: \_\_\_\_\_
3. TRANSIENT RENT RECEIPTS  
FOR THE MONTH OF: \_\_\_\_\_
4. CTBID ASSESSMENT (multiply line 2 by \$1.00):
5. TRANSIENT TAX (multiply line 3 by 10%):
6. PENALTY (10% if payment is made after due date):
7. PENALTY (10% for delinquency beyond 30 days):
8. INTEREST (1-1/2% per month from date of delinquency):
9. TOTAL BALANCE DUE (Line 4, Line 5, Line 6, Line 7 & Line 8)


<p>I hereby certify that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete statement made in compliance with the provisions of the Carlsbad Municipal Code.</p>	
Print Name and Title: _____	
Signature: _____	
Date: _____	Telephone: _____

**MAKE CHECK OR MONEY ORDER PAYABLE TO:  
CITY OF CARLSBAD  
MAIL REMITTANCE TO:  
Finance Department, 1635 Faraday Ave, Carlsbad, CA, 92008**